



Hilltop SummerShine at Lutheridge

July 28—August 4, 2012

A one week residential camp for less mobile adults with mild to moderate developmental disabilities
Please note that the program begins on Sunday at 3:30 PM and ends Saturday at 9:00 AM

Mail this completed form & either the **full fee** (see below) or **minimum of \$150** deposit to address listed below:

If registered on or before Mar 12	If registered Mar 13-Apr 12	If registered Apr 13-May 12	If registered after May 12
\$464.00	\$489.00	\$496.00	\$513.00

Lutheridge Registration—28 Spruce Drive; Arden, NC 28704 or fax to 828-684-5196

**PLEASE READ PROGRAM DESCRIPTIONS BEFORE REGISTERING
TO ENSURE THAT YOUR CAMPER FITS HILLTOP SUMMERSHINE!**

PLEASE PRINT ALL INFORMATION. This is a two-page document. Both pages are required.

Camper's Name: _____ Male Female
(Please list first name used and last name)

Date of Birth: _____ **Current Age:** _____ (Hilltop SummerShine are ages 25+)

This will be year number _____ at Lutheridge for this camper. (Please guess!)

Where camper resides: Parent's home Foster home
 Group home (Name): _____
 Institution (Name): _____
 Other (Name): _____

Camper Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone where camper lives:** _____

Name of person filling out application: _____ **Relationship to camper:** _____

Your Preferred Phone number: _____ **Additional phone number:** _____

Your email address: _____

Person to call if camper has problems while at camp: _____

Name of Parent or Guardian (if different from above): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian day phone: _____ **evening phone:** _____ **cell phone:** _____

Roommate Request _____
Please list no more than ONE. Each roommate must list the other on their registration form.

Camper's Home Church: _____

City & State: _____ **Pastor:** _____
(If the camper is not affiliated with a church, simply write NONE)

The information on the next page must be complete in order for this registration form to be processed. Thank you.

FOR OFFICE USE ONLY:

Date rec'd _____	Fee _____
Check # _____	Amt Recvd _____
Credits _____	Balance Due _____
Session _____	Program _____

HILLTOP SUMMERSHINE

Camper's Name: _____ (Please Print)

PLEASE FILL THIS OUT AS COMPLETELY AND ACCURATELY AS POSSIBLE. THANK YOU!

SELF CARE / MOBILITY	YES	NO	Assistance Needed/Comments:
Cares for self at toilet			
Bathes/showers independently			
Brushes teeth & combs hair			
Dresses independently			
Wakes up cooperatively			
Goes to bed cooperatively			
Needs afternoon nap			
Walks independently:			
on level ground			
on hills/trails/rough terrain			
for longer distances			
Enjoys running/active games			
MEALTIME NEEDS	YES	NO	Assistance Needed/Comments:
Completely independent at meals			
Has dietary restrictions (Please explain)			
SOCIAL SKILLS	YES	NO	Assistance Needed/Comments:
Desires to come to Camp			
Makes friends			
Follows directions easily			
Participates in group activities			
Will stay with counselor & group			
Communicates clearly using speech			
Is cooperative and compliant			

Please share any concerns or observations about this camper that may help us assess program needs.

Thank you for your honesty and care in filling out this form.
A more comprehensive health/behavior form will be sent to you with registration confirmation.